

Your medical information is personal, and requires privacy and confidentiality. The City of Long Beach is committed to protecting your medical information. We are required by state and federal law to ensure that your medical information is kept private, and/or is only released under strict legal and necessary guidelines. This Privacy Notice tells you how we are legally required to use and disclose your medical information. We are required to give you this notice of our legal duties and privacy, and we are required to follow all the terms of this notice, that is currently in effect.

The City must follow federal, state, and local law when using and disclosing your medical information. In cases where both federal and state law give similar protection, the City generally follows the law that gives greater protection of your rights, or privacy of your medical information. Some examples are laws that mandate special protections for medical information about mental health, alcohol and drug abuse, HIV/AIDS, and Sexually Transmitted Disease. Other examples are laws that mandate reporting communicable infectious diseases to the California Department of Health Services. In some cases, the law giving you the greater protection requires that the City will not use or disclose the medical information without a written authorization signed by you.

**Your medical information may be used or disclosed without initial authorization for:**

- **Treatment:** Information obtained by City health care providers will be recorded in your medical record and may be used by other City health care providers, or other health care providers who may treat you on behalf of the City, to determine your plan of care or to give your direct treatment. For example, different City departments and/or providers treating you on behalf of the City may share medical information about you in order to give you treatment, prescriptions, lab work and X-rays and to determine that you are receiving the proper treatment.

- **Payment:** The City may use your medical information or disclose it to your health plan or health insurance carrier to obtain payment for health services that you receive. For example, we may need to give your health plan information about a clinical exam or vaccinations that you or your child receives so your health plan will make payment for services provided. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval for the treatment. In addition, the City may use medical information received from health care providers the City has referred you to in order to pay claims for services.
- **Health Care Operations:** The City may use or disclose your medical information for health care operations to make sure that the services and care provided to you are appropriate and of high quality. For example, we may combine medical information about many individuals to research health trends or to determine what service and programs we should offer. We may share your medical information with other providers who perform case management, coordination of care or other assessment activities.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Other Uses and Disclosures That Do Not Require Prior Authorization**

*Business Associates:* There are some services provided in our organization through contracts with business associates, e.g. certain laboratory tests are outsourced or an outside copy service may be employed when making copies of your health records. We have business associate agreements, so when services are contracted we may

disclose your health information to our business associates, and that they can perform the service we’ve asked them to do. They can also bill you or your third party payer for services rendered. The Business Associate Agreement requires the business associate to appropriately safeguard your health information according to all laws and standards of practice.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, or death.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Your Health Information Rights:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. By federal law, you have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the Notice of Privacy Practices upon request
- inspect and copy your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternatives locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities:**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction

- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information practices change, the revised Notice of Privacy Practices will be posted on our website at <http://www.longbeach.gov/health>

We will not use or disclose your health information without your authorization, except as described in this notice.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, if an employee or business associate believes in good faith that we have engaged in illegal activity or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the **Long Beach Department of Health and Human Services Privacy Officer at (562) 570-4396.**

If you believe your privacy rights have been violated, you can file a complaint with the Long Beach Department of Health and Human Services Privacy Officer at (562) 570-4396 or the United States Office of Civil Rights at (800) 368-1019. There will be no retaliation for filing a complaint.

This information is available in an alternate format by request to the Long Beach Department of Health and Human Services Privacy Officer at (562) 570-4396.

**Long Beach Department of Health and Human Services**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

